TION is very important. See instructions on back of certificate.

STATE C	OF MARY	LAND-CEI	RTIFICATE	OF DEATH
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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Allonico	Registration Dist. No. 333
Village or City Salishury	No Saul Division St. 13 Ward
1/6	If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs, mo	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Joseph Ungil Bac	ley
(a) Residence: No. Saux Division	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE. 5. SINGLE, MARRIED, WIDOWED, OR DEFORCED (write the word)	21. DATE OF DEATH July VV 193 V.
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND OF C. Enily Bailey	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) V. 1849.	I last saw h aliva on 1932 death is said
7. AGE Years Month Days 1 LESS than	to have occurred on the date galed above, at 1.25 lam.
53 6 70 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Halesale Confeitors SAWYER, BOOKKEEPER, etc.	Date of onset
SAWYER, BOOKKEEPER, etc.	Myocandral of mufferney 1927
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronis Bright Names. 1929
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at Worker was done, as SILK MILL, SAW MILL, BANK, etc.	
this occupation (month and $\gamma/\gamma/3\gamma$ spent in this vegar)	1
m	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Muthan	
13. NAME (Joint JOhiley 14. BIRTHP/ACE (City or town) - My	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary G. Cedkins 16. BIRTHPLACE (city or town) - Mary f. Cedkins	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Rallfland	Where did injury occur?
17. INFORMANT AND J. Virgel Pailey. (Address) Salishary, m. J.	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Faliabully MA. Date 1/24/3219	
13-1-1	Nature of injury
19. UNDERTAKER ILL THIS & When G.	24. Was diseasa or Injury in any way related to occupation of deceased?
Walling and	
19. UNDERTAKER ILL TEILL & PLACES CO.	24. Was diseasa or Injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
Example I The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CIAN	PHYSI	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
CIA	PHYSI	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL

BINDING

FOR

MARGIN RESERVED

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
C.V D.E.H.U.S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE C	OF MARY	YLAND—	CERTIFICATE OF DEATH 08089
County Wicomico			Registration Dist. No. 333
Village or City Salisbur	v Danin	aula Can	12
Village or City Dallsbul	y Ponii	isula Gen	16 raid HOSPItal St., St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred	yrs,mos	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Beula Be	nnett		
(a) Residence: No. All	(Usual place	Md of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX		RIFD, WIDOWED, O (write the word)	21. DATE OF DEATH: (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	6		22. I HEREBY CERTIFY That Lattended deceased from
	Jan 20	. 1926	I last saw h alive on feel 2 4 19 3 th death is seld
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months	Days	If LESS than	to have occurred on the data stated above, and Do 5 04.
6 6	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance
8. Trada, profession, or perticular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.		1 01	les to Tetures Date of gaset
andustry or business in which		- 3	
work was done, es SILK MILL, SAW MILL, BANK, etc.	chool Gi	rı	-
10, Date deceased last worked at this occupation (month and year)	11. Total ti span occu	me (years) It in this pation	
12. BIRTHPLACE (city or town)	yland		Dther Coutributary Causes of Importence:
13. NAME Mack Bennett			,
III	Md		Neme of operation Dete of
(State or country)	MQ		What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Olive E.	Budd		23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Olive E.	d		Accident, suicide, or homicide? Date of injury
≥ (Stete or country)			Where did injury occur? Language to his his theel
17. INFORMANT Olive E.Ban. (Address) Hebron.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL			Menner of injury
Place Mardela	Dete July	28,19.32	Nature of Injury
19. UNDERTAKER W.D. Graveno	r & Bro		24. Wes disease or Injury in any way elated to occupation of deceased?
20. FILED July 26, 19 32.	J- Ma	y June Registrar.	(Signed) M. D. (Address) Machine Sand
If more	blanks are needed, a	ddress State Registrar.	, 2411 N. Charles Street, Baltimore, Requesting V. S. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows: Date of onset			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	AUG A 1882	1915	Attock of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURRAU V. S.	July 5,1927	Peritonitis	3 days ago	
	anses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH	STATE OF MARYLAND
County Wicomus	CERTIFICATE OF DEATH
	Registration Dist. No. 335
Village or City & harptour (No.	St.: Ward) (If death occurred in a hospital or Institution, give its NAME II stead of street and number.)
2FULL NAME Cavina	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, WHEN WHO OR DIVORCED (Write the word) & Am	16 DATE OF DEATH July 9, 1932 (Month) (Day) (Year)
6 DATE OF BIRTH May (Month) (Day) (Y	17 I HEREBY CERTIFY, That I attended the deceased from 1924 to 1922 that I last saw her alive on from 1927,
7 AGE [If LESS	than and that death occurred on the date stated above, at
1 day	
6 / yrs	min.
(a) Trade, profession or Start	Chrone fronclus.
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration) Z Dyrs. mos. ds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) manual and	Secondary (Durstion) yis mos ds,
10 NAME OF BONATHAM P. Benn	(Signed) 1 . Tuhling M. D.
II BIRTHPLACE	1922 (Address) Murphing Mo.
OF FATHER (State or country) Mary Land 12 MAIDEN NAME Chi	*State the Disease Causing Death, or, in deaths from Violent Causes, state (I) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many E. M. adams	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
of MOTHER (State or Country) Mary Land	At place of death yrs mos ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
Les De la	Pormer or August residence
(Informant) Ollies 17 19 20000	19 PLACE OF BURIAL OR REMOVAL DATE OF BURYAL
(Address) & harpland, mo	Sharptown Ind. July 11 . 10 32
15 Filed July 9 1932 mary E. Mar	un 20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
If more banks are needed, addre.s State Ke	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. 10. 1
II.	per. d. Ir.

GOAGA

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Housech at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation person, irrespective of 6)

Statement of Cause of Death—Name, first, the DISEARS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

papproved by Committee on Nomenclature (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrilis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ATION

HER

FAT

MOTHER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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Example I	1	Example II	
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Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2011	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

11	5	11	0	2
V	0	U	J	4

1. PLACE OF DEATH	72-0)
County / vicasuce	Registration Dist. No. 332
Village or City Willards (1)	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Trygma alee 3	ullingham
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED ("write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHE of Strongh & Builtinghum	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lunce / 1890	1 Jast saw her alive on July 2 5th , 19.32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6 2 (/ 27/ 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as the principal of the
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Certifications lagrage
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) graffand	Other Contributary Causes of importance:
13. NAME Wah Payne.	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Clinical Was there an autopsy? 720
15. MAIDEN NAME Elika Massey	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide?
17. INFORMANT D. W. Besttingham (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Int Oleasant Date July 29, 1932	Nature of injury
19. UNDERTAKER Parka Waters	24. Was disease or injury in any way related to occupation of deceased? 700
20. FILED July 27, 19 12 Sand Te Truit	(Signed) Trank Serves M. D.
Registrar.	(Address)

V. S. No. 1

stated EXACTLY. properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

should be carefully

B.—WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

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Example I	li li	Example II	5
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related ca of importance were as follows:	uses Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	Table 1980
County Descrito	Registration Dist. No. 232
Village or City Passnalus	No. St. Ward
Langth of residence in city or town whare death occurred 244 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Goldshugart Bryan	Jis
(a) Residence: No. Tuesnahuy, nd.	Ct Ward
(Usugi place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DAVORCED (write the word)	21. DATE OF DEATH July 193 1. (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	22. I HEREBY CERTIFY, Thet I ettended deceased from
(or) WIFE of Valla line Reyon)	Live 26 1832 to hely 27 1833
6. DATE OF BIRTH (month, day, and yaer) May 5, 1861.	Mast/saw have elive on 11 1 2 2 1932; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above at \$1. \$5 12m.
// 2 // Iday,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	$\cap \mathcal{O}$
SAWYER, BOOKKEEPER, etc.	June Julestitial
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesad lest workad at this occupation (month and	Replinitios 1927
10. Date decessad lest worked at this occupation (month and 1931 spant in this yeer)	
12. BIRTHPLACE (city or town) A	Other Contributory Cansos of importance:
(State or country)	Chine sostates 1928
13. NAME JAEST Duyan	
13. NAME GESTA Degan 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME AM TURBUN	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Paranahura, M.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece 1 australius M. Date 7/24/32,19	Mennar of injury
19. UNDERTAKER ILL HIELK Thus G.	24. Was disaase or injury in any way related to occupation of dacaesed
20. FILED July 23, 1932 Leland I Drints	(Signad) Larges 71 Procure M. D.
Registrar.	(Address) Delis fung fully

STATE OF MARYI AND CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples

Example I Example H The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gollstones Mou 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TIDDITIONSIL	DI ZIUIZ	T. OIL	T UIVIIIIIII	STATISMITATION	1) 1	THEORDIAN

V. S. No. 1

/1/-/	(12-00)
County (Niconnet)	Registration Dist. No. 33 2
Village or City Cittarelle	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds
FULL NAME Urbin & Beerty	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("grice the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
If married, widowed, or divorced HUSBAND of (or) WHEE OF Mrs. Cora A-Bunda,	HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, end year) Quile 7 1878	las saw h servelive on July 11 1952; death is said
GE Years Mooths Deys If LESS than I day,hrs.	to have occurred on the dete stated above, a 750 9m.
8. Trade, profession, or particular	were esfollows:
kind of work done, as SPINNER Sawyer, BOOKKEEPER, etc.	Chris Legugitalin Jan-1
9. Industry or business in which work was done, as SILK MILL,	11
SAW MILL, BANK, etc Date deceased last worked at this occupetion (month and spent in this occupation occupation	
BIRTHPLACE (city or town) Bushyrilla 27. 14.	Other Contributory Causes of importance:
(State or country)	Demoplogio 2/2/
13. NAME Sarford & Busty	
14. BIRTHPLACE (city or town) Burnleywills (State or country)	Name of operation
15. MAIDEN NAME MIKE MESONAL	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Beauty College	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur?
INFORMANT Mits Gora A. Benty, (Address)	(Specify city or towa, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
PIECE SEASTON, OR REMOVAL PIECE SEASTON DE DATE JULY 1.7th 1932	Manner of injury
UNDERTAKER HIN BOSTOREL Wells!	Neture of injury
(Address) Littabilly and	if so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example Hand	
Date of onset	The principal cause of death and related	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cof importance v	ause of death and related causes were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	/:	1915	Attack of epilepsy	1 week ago
Chronic interstitie	ul nephritis	1934	Run over by street car	1 week ago
Cerebral hemorrho	ngc /	Luy 5, 92X	Peritonitis	3 days ago
Other contribut	ory causes of importance.	4101	Other contributory causes of importance:	
Gallstones		May 1,1928	Gastrenteritis	1 year
	ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

1	SIAIL OF MARYLAND—	CERTIFICATE OF DEATH
-	County Eliconnece County	2:
	Soll Siller Ville	Registration Dist. No.
		death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos	How long In U. S. If of foreign birth?
2	FULL NAME My Williams M.	Coard.
	(a) Residence: No. All (Usual place of abode)	St. St. Standard . If nonresident give city or town and State
and the same	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.3	SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wall Unite Unite	21. DATE OF DEATH (Month) (Day) (Ye
5a.	If merried, widowed, or divorced anna Drant Coard	22. I HEREBY CERTLEY. Thet I attended decease
	(or) WIFE of a served	July 21 1932 to July Is 19
6. 1	DATE OF BIRTH (month, day, and year) faw 17-1844	Clast saw I alive on July 30 ,193 2 death
7. /	AGE Years Months, Deys 3 If LESS than 1 day, hrs.	to have occurred on the date stated above, at m.
	83 1844 Jan: 17 :: or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NO	-8. Trade, profession, or particulal kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Chebral hembay
UPAT	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
000	10. Date deceased lest worked at this occupation (month and year)	
12.	BIRTHPLACE (city or town) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other-Contributory Causes of Importance:
HER	13. NAME - Ruy W. Corand.	
FATH	14. BIRTHPLACE (city or town).	Name of operation Date of
-	(State or country)	What test confirmed diegnosis?
OTHER	15. MAIDEN NAME Laney 13, Chardles	23. If death was due to external causes (VIDL ENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17.	INFORMANT Desan Parks (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place & Low hill Country 1, 193.	Manner of injury
19.	UNDERTAKER Lilliston Bass	24. Was disease or injury in any way related to occupation of deceased? 24. If so, specify
20.	FILED July 30, 19 32 D. May June Registrar.	(Signed) (Address) (Address) Lucy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis &	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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STATE C	F	MARYLAND-	CERTIFIC	ATE	OF	DEATH

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(J31)
County Thicomics	Registration Dist. No. 333
Village or City Lalisbury md.	No. Pinehurst ave, St 13 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
mal are A no	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stattee Collier	1 20
(a) Residence: No. Salesburg Ml. Tin	ekstull Use, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced or a	(Month) (Day) (Year)
HUSBAND of Correspondence	1 HEREBY CERTIFY, That I attended deceased from
C DATE OF DIRTH (most) day of the 20/1/	i last saw h. in alive on Ally 10 1932 death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	i laxt saw h alive on
68 4 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Growie My O Cus di ho, undann
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
11. Total time (Jeals)	
this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town) Crisheld	Other Contributory Causes of importance:
(State or country) p maryland	Growa Ass Alberta unden
13. NAME Kerry Ward.	XXVV XX
14. BIRTHPLACE (city or town) Leffers	Neme of operation
(State or country)	Whet test confirmed diagnosis? Was there an au!opsy?
15. MAIDEN NAME Eliga Ward	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) - Bornerset Cs.	Accident, suicide, or homicide? Date of injury, 19
(State or country) Ma	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Milliam 18. Collections, and (Address) Pineheust are, Saliebury, no	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Beal Asland, Mil Date Seels 13. 1932	Manner of injury
The last of the la	Nature of Injury
19. UNDERTAKER MILLS TOFMSON CU, (Address)	24. Was disease or Injury in eny way related to occupation of deceased?
0-11/12 12 1-11/1	If so, specify (Signed) M.D.
20. FILED My C, 19 2 . VI May Mull	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	18	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

BINDIN

MARGIN RESERVED FOR

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, MARRIED, OR DIVORCED (Write the word) 5 DATE OF BIRTH 16 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from 192 (Month) (Day) (Year) (Month) (Day) (Year) 17 AGE 18 DECCUPATION 19 J.
Village or City Wards St.: Wards St.: Wards a hospital or institution, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4 COLOR OR RACE MARRIED, WIDOWSED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 10 DATE OF BIRTH 11 HEREBY CERTIFY, That I attended the deceased from 192 (Month) (Day) (Year) TAGE 11 HEREBY CERTIFY, That I attended the deceased from 192 (Month) (Day) (Year) The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows:
Village or City Ward) Village or City Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX A COLOR OR RACE SINGLE. MARRIED. WIDOWED. WIDOWED. WIDOWED. WIDOWED. WIDOWED. WIDOWED. WIDOWED. WIDOWED. WIDOWED. Will the word) THEREBY CERTIFY, That I attended the deceased from 192 to 192
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 5 DATE OF BIRTH 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 t
MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 7 AGE Month (Day) (Year) 192
(Month) (Day) (Year) that I last saw h alive on 1921, and that death occurred on the date stated above, at 3.7.6. p.m. The CAUSE OF DEATH * was as follows:
(Month) (Day) (Year) TAGE If LESS than I day hrs. The CAUSE OF DEATH * was as follows: AGE The CAUSE OF DEATH * was as follows:
7 AGE If LESS than and that death occurred on the date stated above, at J. Z. G. R.m. I day hrs. or min. The CAUSE OF DEATH * was as follows:
yrs. 9 mos. 13 ds. or min.
BOCCUPATION Delian De la ho
(a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in (Durstion)
which employed or (employer)
9 BIRTHPLACE (State or country)
1 10 NAME OF A DILLE ON DO M. D. M.
FATHER PARIS PARISH
11 BIRTHPLACE
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTH
At place of death
(State or Country) Where was disease contracted, if not at place of death?
Former or usual residence
(Informant) Jessey Comment 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Twhite/tower elle plane Med July 7. 19.72
15 Filed July 2 1932 P. Woolford Walle 20 UNDERTAKER Messich & Sono Biralis Cla
Registrar Mr. Lawrence Con Control of the Control o

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURNET

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	20
County Wigningo	Registration Dist. No. 333
Village or City M Jalesbury	No. Intriculosis Sandarum Word
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurred yrs.	os. 17 ds. How long In U. S. if of foreign birth? yrs. mos. ds
2. FULL NAME Mabel Crain	D 8
(a) Residence: No. (Usual place of abode)	St., Ward. Acang Sun. M.A. If nonfesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word) Married	21. DATE OF DEATH July 2-3, 193 ~
5a. If married, widowed, or divercad HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Raymond Crain	22. I HEREBY CERTIFY, That I attended deceased from
1 11 - 11 .50 -	June 6, 1932, to July 23, 193
DATE OF BIRTH (month, day, and year)	I last saw h.e. alive on July 23 , 19.32, death is sai
7. AGE Years Months Days If LESS than 1 day,hr	to have occurred on the date stated above, at 12 Pm.
36 9 2 5 1 day,hr	The PRINCIPAL CAUSE OF DEATH and ralated ceuses of Importance wara as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	P
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	- I Williamary Intriculous 192
work wes done, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceesed last worked at 1f. Total time (years)	
this occupation (month and spent in this occupation occupation	
mandad	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	
13. NAME Heurs Kockand	
13. NAME Hours hockard 14. BIRTHPLACE (city or town). Manyland	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) (State or country)	Accidant, suicida, or homicide?
0 1- 11 0T 10	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Castlem Shore Juf. San	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Aising Sunflittera truly - 1, 19 ()	Natura of Injury
OUNDER DE RELIE	24. Was disease or injury In any way related to occupation of decaased?
9. UNDERTAKER (Address)	If so, spacify
1 1. 23 22 gran held	(Signad) Charles & Steenten M
20. FILED Liney 1900 - XF. May Registrar.	(Address) E. J. H. Jan. Valis bury M.
4	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	şi.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory August of importance: Gollstones 7861	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
THAT THE			
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 08100
1. PLACE OF DEATH	(131)
County Wix owner	Registration Dist. No. 333
Village pr City	No. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Locath of solders in the same to the latest the same	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME 2 or of the contract of the contr	· ve
(a) Residence: Np. Por anaga els	B. St. Ward
(Ostas place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RAÇE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write tha word)	21. DATE OF DEATH
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Yaar)
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTITEY, That i attended deceased from
(OI) WIFE OI	July 1, 193210 July 5, 1932
	I last saw h. 9 alivo on 1 2 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the data stated above, at3Cm.
7. AGE Years Months Days If LESS than 1 day. hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wero as follows:
	Clerini interstitue Date of onset
SAWYER, BDDKKEEPER, etc.	replintes - minut
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	leguigitation
E O 10. Data deceasad last worked et 11. Total tima (years)	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. NAME 15. NAME 16. State or country)	Dther Contributory Causes of Importence:
(State or country)	Tuluny order
E 13. NAME I VELL TURGER.	7
	Name of operation. Date of
(State of Country)	What test confirmed diagnosis? Wes there en eu'opsy?
15. MAIDEN NAME Waggie Collingles	123. If death was due to external causes (VIDLENCE) fill in aiso the foilowing:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) Magagie Crohler.	Accidant, sulcide, or homicide? Data of injury
S (State or country)	Where did injury occur?
17. INFORMANT (Address) (Address) 18. BURIAL CREMATION OR REMOVAL	(Specify or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Lety De July 7 133	Manner of injury
Place of Correction Date of 1950	Nature of injury
19. UNDERTAKER PRIOR Decensor (Address)	24. Was diseasa or injury in any way related to occupation of deceased? 200
20. FILED July 3: 1932 & May herese Registrar.	(Signed) M.D. (Address) Selection M.D.
If more blanks are newed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
	, , , ,		- Jour

should state of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be -WRITE PLAINLY,

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	92.0
County / Conco	Registration Dist. No. 336
Village or City Struck &	NoSt Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1/1	ds. How long In U.S. if of foreign birth?yrsds,
2. FULL NAME / Lellean Jany	Centis
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	II nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July 17 193 2
5a. If married, widowed, or divorced	(Manth) (Oey) (Year)
HUSBAND OF	22. I HEREBY CERTIFY. That I ettended decessed from
margarette Custis	may 2 1932 10 1932
6. DATE OF BIRTH (month, day, and yeer)	I lest sew have alive on 1911 2 193 2 deeth is seld
7. AGE Yeers Months Oeys If LESS then 1 dey, hrs.	to have occurred on the date exated above, etm.
/D // 25 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc.	A A A
9. Industry or business In which	17 Turn Gelingen
work was done, as SILK MILL, SAW MILL, BANK, etc	1th f
0 10. Date deceesed lest worked et 11. Totel time (years)	1 197 minne 2 /2:
this occupation (month end spant in this occupation	
12. BIRTHPLACE (city or town)	Dther Cuatributary Causes of Importance:
(State or country) (Concic / to	Cirital Humstly . In 90
13. NAME James Cultur	
13. NAME 14. BIRTHPLACE (city or town)	Neme of operation Oate of Oate
(State or country) (Manager / A	Whet test confirmed diegnosis? Was there en europsy?
15. MAIOEN NAME (Varah 1944) 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
6 I6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
State or country) accomac 00	Where did injury occur?
17. INFORMANT Margarette Curtis	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Dellmar Del	
18. BURIAL, CREMATION OR REMOVAL & Co	Menner of injury
Place 11 -0. Con Dimente Gully 17, 19 8	Nature of injury
19. UNDERTAKER (Addiess)	24. Wes disease or injury In eny way releted to occupation of deceased? 22
20. FILED Jacky 12, 1932 WT Drown Registrar.	(Signed) A. Ly W.C. M. D. (Address) Assured Adv.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 2 1932			
Other contributory causes of importance:		Other contributory causes of importance:	- 11
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.-WRITE PLAINLY, WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be

V. S. No. 1

	Registration Dist. No. 33 No. St., Wards How long in U.S. If of foreign birth? yrs. mos. ds. St., Wards If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Village or City Arebroan (If deat Length of residence In city or town where death occurred 1 yrs. mos. 2. FULL NAME Sherfey 6. Narby.	No. St., Ward. St., St., Ward.
Length of residence In city or town where death occurred for mos. 2. FULL NAME hereful 6. harby.	sth occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Sherbey 6. Harby.	St., Ward. If nonresident give city or town and State
(a) Residence: No. Atlatan	If nonresident give city or town and State
(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF BEATH
Female White OR DIVORCED (write the word)	1. DATE OF DEATH (Month) 8 (Oay) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of	2. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 17, 1931	last saw h & alive on nels 2 14 1932; death is sei
7. AGE Years Months Days If LESS than to	to have occurred on the date stated above, at 4 A m.
/ Ormin. W	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Puterika July
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	College College (1) Importants.
13. NAME Villiam It, parby	
14. BIRTHPLACE (city or town) N (Stete or country)	Name of operation Date of Date of
W (State of country)	What test confirmed diagnosis? Was there an eulopsy?
16. BIRTHPLACE (city or town)	3. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?, 19, 19
16 DO. M. W.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, SR REMOVAL	Manner of injury
(1)	4. Was disease or injury in any way related to occupation of deceased?
20. FILEO JULY 8, 193 1 June & M Well Registrar.	(Signed) We all any Eurel M. 1 (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

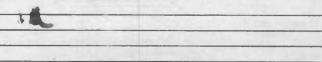
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
*			
_1			



4 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	(A)
=	county Wie wied.	Registration Dist, No. 33.9
-	Village or City Salishen Uld.	My De Sign H. Siel C. see &
70	(III	death occurred in a hospital or institution, give its NAME instead of yeet and number)
INS ent	Length of residence in city or town where death occurredyrs,mos	ds How long in U.S. if of foreign birth?yrsmosds
YSICIANS	2. FULL NAME DOWN DUR W	Day.
PHYSICIAN	(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. PE Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
d. L	Usale Weele single	(Month) (Day) (Yaar)
A C T lassified	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded deceased from
X cla	(1.0 4 1622	Shell Ughan, to Jamahan, a
E ate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	last saw h alive on, 19; death is sale to have occurred on the data stated above, etm,
stated E properly certificate	1 dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	8. Trada, profession, or particular kind of work done, as SPINNER,	1/1/
be be k of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Fram aluna Buck (Tron faction)
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	
s sh t it on	11. Total tima (years) this occupation (month and year) yaar)	
oplied. AGE erms, so that instructions o	0	Other Contributory Causes of Importanca:
so	12. BIRTHPLACE (city or town) (State or country)	
efully supplied in plain terms, ant. See instru	# 13. NAME Bruce Dorwon Dieg ino	101
upp ter	3 - 5 - 5 - 5 - 5 - 5	
sul ain t	14. BIRTHPLACE (city or town) \ axes \ (State or country)	Name of operation Date of Was there an au'opsy?
full r pl	I 15. MAIOEN NATE Deel Mary Evous is.	23. If death was due to external causes (VIOLENCE) fill In also the following:
be carefully EATH in pla important.	16. BIRTHPLACE (city or town) Russian (State or country)	Accident, suicide, or homicide? Data of injury
ATI Pool	E (Stata or country) Some Some	Where did injury occur?
ild be car DEATH cy import	17. INFORMANT Tangstepe Kospital	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
should OF D	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
_ E -=	Place of Date July 8, 1932	Nature of Injury
CAUSE TION is	19. UNDERTAKER Days Chise Sulps-action	24. Was disease or injury in eny way related to occupation of daceased?
101	(Address) Salisbury, And	If so, specify P man
	20. FILED July 8, 19 32 TV. May Sum Registrar.	(Signed) M. (Address) Dalalany my
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	à			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	STATE OF MARYLAND-	CERTIFICATE OF DEATH 08105
1	1. PLACE OF DEATH	(B3)
1	County Thisomico	Registration Dist. No. 333
	0 0 0	
	112 g (IF	death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred 22 yrs	26 ds. How long in U.S. if of foreign birth?
	2. FULL NAME Walter & Doug	cherty fre,
	(a) Residence: No. Jondon, ave,	St., Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
-	Male OR DIVORCED (write the word)	193
5e.	If merried, widowed, or divorced	(Month) (Dey) (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
		, 19, to, 19, 19
-	DATE OF BIRTH (month, day, end year) October 21, 1909 AGE Yeers Months Devs 16 1855 then	I last saw h elive on
1.	1 dough bea	to have occurred on the dete stated above, etm. The PRINCIPAL CAUSE OF DEATH end releted causes of importance
-	22 8 106ymin.	were es follows:
NO	8. Trede, profession, or particular kind of work done, as SPINNER, Collector SAWYER, BOOKKEEPER, etc.	woung
OCCUPATION	9. Industry or business in which	
CUI	9. Industry or business in which work was done, es SILK MILL, Hews Office	
00	10. Dete deceased last worked at this occupetion (month and 17 16 22 spant in this	
_	year) 4-16-32 occupation 5-year	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) Salisbury	Concussion Brain Jule,
œ	(State or country) Maryland	1
FATHER	13. NAME Walter S. Dougherty	
FAI	14. BIRTHPLACE (city or town) CCCancal (Stete or country)	Neme of operation Dete of
œ	15. MAIOEN NAME (1-10 Production of the Producti	Whet test confirmed diagnosis? Was there en eutopsy?
MOTHER	- Com Garagion	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
MO	16. BIRTHPLACE (city or town) Salistreity, (State or country) Mary Land.	Accident, suicide, or homicide?
	46 11 00/00	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17.	(Address) London, ave,	Peli Alex
18.	BURIAL, CREMATION, OR REMOVAL 4. P.M.	Manner of Injury & lessing note of 1000
	Plece Parson's Cem, Dete July 20, 1932	Water or Linjurge P. O.
19.	UNDERTAKER The Hill & Johnson Co.	24. Was disease or injury in any way releted to occupetion of deceesed?
	(Address) Salistyry and	If so, specify
20.	FILED July 2019 32 V May June	(Signed) M. D.
	Registrar.	(Address) Salializmy In
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contibutory cause of importance:	
Gallstones	May 1,1923	Gastroenterities	1 year
		13 5	
	1 1		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICAN

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(10)
County Wie auce .	Registration Dist. No. 333
Village or City Salis bruns . W. S.	Jakgrap H Jus F. suc 1,011
	If death occurred in a hospital or institution, give its NAME instead of street and not ber)
60.0 -2.0	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME 3 W ON TO W	
(a) Residence: No. > 2	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH O
Famale W Quee OR DIVORCED (write the word)	July 26, 1932
5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	1 HEREBY CERTLEY, Thet I ettended deceased from
2. 44.44	1932, to Long 30, 19 3.
6. DATE OF BIRTH (month, dey, end yeer) Way 21, 1910 7. AGE Years Months Days If LESS then	I last saw h elive on 191324 death is sele
72 7 1 dey,hrs	to have occurred on the dete steted above, at
8. Trede, prolession, or perticuler	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Blood stewn sufection
	some watern
SAW MILL, BANK, etc	
10. Date deceased last worked et this occupetion (month end spent in this	
year) occupation	Other Contributory Conses of Importance:
12. BIRTHPLACE (city or town) (Stete or country)	Oufrynen
8	
13. NAME Luch Frieds	Hooning from 2 to 11to
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Dete of 174/3
15. MAIDEN NAME Sallie Sedgwith	Whet test confirmed diegnosis? Un' earling Was there an eulopsy? No
	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Tomest Frelis	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
17. INFORMANT (Address) Sulsting 11	
18. BURIAL, CREMATION, OR TEMOVAL	Manner of injury
Plece Deagna Mel Date July 20, 19 3.	Neture of injury
19. UNDERTAKER M. L. States Y Source	24. Was disease or injury in any wey related to occupetion of deceesed?
(Address) Seaford fly	If so, specify
20, FILED July 26, 1932 be May Turnar	(Signed) f, M. T, Duch
Registrar.	(Address) (Julishy with

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	dispersion of the second	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	Example II		
The principal cause of importance were as	of death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	U AUG 6 1532	1915	Attack of epilepsy	1 week ago
Chronie interstitial neph	ritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	RUREAU V. S	July 5, 1927	Peritonitis	3 days ago
		فهد		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CERTIFICATE OF DEATH (1810)8
Registration Dist. No. 333
No. 205 Center St. 13 Ward
f death occurred in a hospital or institution, give its NAME instead of street and number)
ds How long in U.S. if of foreign birth?yrsmos ds
own
St., 13 Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (Day) (Year)
22. I HEREBY CERTIFY. That I attended deceased from
18 10 4 132 19
to have occurred on the date stated above, at 1125 m.
The PRINCIPAL CAUSE OF DEATH and related causes of Importance
were es follows:
Chillra Hurorless July
Other Coutributory Causes of Importance:
Name of operation Oate of Oate
What test confirmed diagnosis? Was there an eutopsy?
23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide?
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
Manner of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Mulumum M.
(Address) - Folialis, In
, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example IVED	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nophoities E.A. V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	•
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	-CERTIFICATE OF DEATH US109			
1. PLACE OF DEATH	(186-701)			
County Theconico	Registration Dist. No. 939			
Village or City Salislening	ND. Arapital St., S Wary (If death occurred in a hospital or institution, gryf its NAME instead of street and number)			
Length of residence in city or town where death occurredyrs, A	(If death occurred in a hospital or institution, give its NAME, instead of street and number)			
2. FULL NAME Sourton Ho	Strad			
(a) Residence: No. Vaurel D30	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
Male Whole Single	(Month) (Day) (Year)			
a. (1f married, widowed, or divorced HUSBAND of (or) WIFE of	22. VHEREBY CERTIFY, That I ettended deceased from			
(4) 1112 01	1937 to 1719 193-			
5. DATE OF BIRTH (month, day, and year) 1-13 -1914	I last saw been alive on 1/15, death is sai			
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated ebove, at			
18 6 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SPAND, BOOKKEEPER, etc.	flattaced of the Cement			
	- Mulley Idley			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and				
- In occupation (month and shell till till)				
year) occupation	Dther Coutributory Causes of importance:			
12. BIRTHPLACE (city of town) Care				
(State or country) 1 13. NAME Polishtan Hastmall	- MI			
(State or country)	Name of operation			
	What test confirmed diagnosis? Was there an au'opsy?			
15. MAIDEN NAME & Star Book 16. BIRTHPLACE (city or town) Laurel Diel	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?			
(State or country)	Where did injury occur? Ruin, Laurel De Caure			
17. INFORMANT Selfton Hostings	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) / Nainf Lili	Manner of injury Almy			
18. BURIAL, CREMATION, OR REMOVAL				
Place Course feet Date 1-2/,193	Neture of Injury I From My Neck			
19, UNDERTAKER Halle blagging	24. Wes disease or injury In any way related to occupation of deceased?			
(Address) A Carry (A)	If so, specify			
20, FILED July 20 19 S.L. St. May Jum	(Signed) M. I			
Registrar.	(Address)			

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE I	FOR FUI	RTHER STA	TEMENTS B	Y PF	HYSICIAN
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1. PLACE OF DEATH County Willage or City Sulush Length of residence in city or town where death of the country of the countr	erry (If) Cocurred yrs mos	astrugs St., Ward.
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That battende
7. AGE Years Months/	Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
R Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		undententen
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
	1. PLACE OF DEATH County Village or City Length of residence in city or town where death of the county Length of residence in city or town where death of the county o	1. PLACE OF DEATH County Village or City Length of residence in city or town where death occurred (If Length of residence in city or town where death occurred (Isual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOB OR RACE WISBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Month Days If LESS than 1 day,hrs. or

unne Registrar.

Othar Coutributory Causes of Importanca:

Ward

(Year)

daath Is said

Date of onset

reet and number)

That Lattended daceased from

____yrs.____mos._

e city or town and State

	Name of operation		Data of	
-	What tast confirmed diagnosis?	Was	thara a	n autopsy?.

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?_____ Date of injury____ Where did Injury occur?___

(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Manne	r of Injury	 	
	of injury		

24. Was disease or injury in any way related to occupation of dacaased? If so, specify (Signed)

(Addrass) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(over)

20, FILED

FATHER

MOTHER

12. BIRTHPLACE (city or town). (Stata or country)

15. MAIDEN NAME

(Addrass)

(Addrass)

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

13. NAME

17. INFORMANT

19. UNDERTAKER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HORN			
Other contributory causes of importance: 8		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	FOR FURTHER STATEMENTS BY PHYSICIAN	" Hurde a aug. 1
	0	193

8

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08111
1. PLACE OF DEATH	23)
County // Comils	Registration Dist. No. 333
Village or City Salisbury	No.//6 7100 St., 13 Ward
Length of residence in city or town where death occurredyrs,mo	f death occurred in a hoppital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?vrs
2. FULL NAME Maurice Slemons	Hastinge
(a) Residence: No. 116 Froske st. Salishy	ndst 12 Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULANS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDDWED.	MEDICAL CERTIFICATE OF DEATH
Male While OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 23 , 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 9 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug 18. 1902	I last saw h. in alive on July 16 193 death is sel
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
29 11 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER BOOKKEPPER etc.	D. Tut
	fullmen ony futer culous and of
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	The constitution
- 18 % time consideration (month and	
notite and	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME Ernest Hastings	7
13. NAME Errest Hasting 14. BIRTHPLACE (city or town) Salishing Md. (State or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME da Belle Hasting	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME la Belle Hasting 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) fire # 116. Sality fruit.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
9/-// Jace 2 - 1955	Nature of injury
19. UNDERTAKER Attlowny L. Co. (Address) Joseph J. Mary L.	24. Was disease or Injury in eny wey related to occupation of deceased?
Quil. 26-122 Na 14 01	If so, specify
20. FILED My LOST. ON May Sumo. Registrar.	(Address) Qalialana Dad 4
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. N. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSICIA	N

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	lick.
County Hilomile	Registration Dist. No. 333
Village or City Schooling Mayland	No. P.S. Hagrital St. 13 Ware
Length of residence in city or town where death occurredyrs,m	If death occurred in a horpital of institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Mary Evangeline 9	teherele
(a) Residence: No. P (D. 4) (Walishum M)	St. 8 Ward.
(a) Residence. No. // (Usual place of abode)	7. St., 8 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH July 28 , 193 2
5a. If married, widowed, or divorced HUSBAND of	(Day) (Year)
(or) WIFE of	22. I HEREBÝ CEŘTIFY, That I attended deceased from
0 / /623	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h alive on
9 1 day,hrs	to have occurred on the date stated above, at (2.9 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, School Gul	Bullet in ham
9. Industry or business In which	N 13 44 4 Cold on the miles
SAW MILL, BANK, etc.	ma consideration has sing to t
O 10. Date deceased last worked at this occupation (month and spant in this	The state of the s
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Turfolk	
(State or country)	
13. NAME Mye S. Htchcock	
14. BIRTHPLACE (bity or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy? Doo
15. MAIDEN NAME Rena Cow	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State, or country)	Accident, suicide, or hamicide?Crescolant Date of Injury 72 8, 19.3.2
(State of Country)	Where did injury occur? at hand wearning Co mag
17. INFORMANT MY Selection and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Bullet rulle .
Place Up 1932	Nature of Injury Mounty head
19. UNDERTAKER Holloway + Co.	ALW PLANTS
	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salistry Maryland	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 3019 31 - Mayland Resistrat.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a elerk.

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	200	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	ĺ	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Allack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	E9 1	Other contributory causes of importance:	Lale
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
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V. S. No. 1

Length of residence in eity or town where the thought occurred al. Jrs	STATE OF MARYLAND—	CERTIFICATE OF DEATH
County	1. PLACE OF DEATH	(P.2-a)
Length of residence in filty or town where nexth occurred alyrs	County Wiedmill	The state of the s
Length of residence in dity or town where meth occurred a D. Jrs	Village or City Manhisope	
2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Course the wordy 5a. If married, widewed, or diverged. HUSBAND of (or) wife of Party Jornal 6. DATE OF BIRTH (month, day, and rear) 7. AGE 2 Years Months Days 11 LESS than 3 live on. 9. 10 January 11 January 12 January 12 January 13 January 14 January 15 January 16 January 17 January 17 January 18 January 18 January 19 Janua		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED OR DIVORCED Curric the wordy OR DIVORCED	2///	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DUVORCED (write the world) 5a. If married, widewed, or divorged. HUSBAND of (or) Wile of Work of the Color of Wile of Work o	(a) Residence: No. Handistake NO	St. Ward.
3. SEX 4. COLOR OR RACK S. SINGLE, MARRIED, WIDOWED OR DYORCED (cwrise the worst) Sa. It married, wide wed, or discogned, to or of the worst or t		
OR DIVORCE (curic the word) 5a. If married, widewed, or divorged (Month) (Oby) (Oby) (Oby) (Oby) (Vest)		
So. If married, widewed, or divorged, HUSSAND of (or) WIFE of Name (or) WIFE	OR DIVORCED (write the word)	July 25 193 2
6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular 8. Strade, profession 8. Strade, profession 8. Strade, profession 8. Strade, profession 8. Strade, p	5a. If married, widewed, or divorged	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and rear) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, al. 23 Cm. The PRINCIPAL CAUSE OF DEATH and related causes/of importance were as follows: 8. Trade, profession, or particular or min. SAWYER, BOOKKEEPER, ele. 9. Jandustry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked et this occupation (month and years) 11. Total time (years) (syen in this occupation (month and years) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVED. 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed). 19. U		
To AGE Years Months Days If LESS than I dayhrs. or	7 10	1 1 - 1 35
8. Trade, profession, or particular kind of work dome, es SPINNER, SAMYER, BOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAMYER, BOKKEPER, etc. 10. Date of eceased last worked et this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMONE) 19. UNDERTAKER (Address) 19. UNDERTAKER (Specify city or town, county and State) 19. UNDERTAKER (Address) 19. UNDERTAKER (Specify city or town, county and State) 19. UNDERTAKER (Signed) 20. Filles (Signed) 21. Total time (veary) (Signed) Date of miportance Deteromes a follows: Date of miportance Date of miportance Date of miportance: Date of country Other Centributory Causes of importance: Undertaker Was there en autopsy? What test confirmed diagnosis? Was there en autopsy? Wh		10 12
8. Trade, profession, or particular kind of work dome, as SINNER. 9. Interference of the decay	7 1 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town)	8 Trade profession or particular	were as follows:
12. BIRTHPLACE (city or town)	SAWYER, BOOKKEEPER, etc Gyalerman	anohler
12. BIRTHPLACE (city or town)	9. Industry or business in which work was done, as SILK MILL,	
12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or lown) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVED 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILEBULL 18, 1932 B. Washford Washing 10. State or country Name of operation N	Spant in time, 4 // 4	
(State or country) 13. NAME	12. BIRTHPLACE (city or town) Deals Island	Other Contributory Causes of importance:
14. BIRTHPLACE (city or lown) C	(State or country)	
14. BIRTHPLACE (city or lown)	I	
What test confirmed diagnosis? Was there en autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date	14. BIRTHPLACE (city or lown) //	Name of operation
Accident, suicide, or homicide? Date of Injury. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Date Date	(State of country)	What test confirmed diagnosis? Was there en autopsy?
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Lace And Address Manner of injury Nature of injury 24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury (Specify city or town, county and State) Manner of injury Nature of injury (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury (Specify city or town, county and State) Manner of injury Nature of injury (Specify city or town, county and State) Manner of injury Nature of injury (Specify city or town, county and State) Manner of injury Nature of injury (Signed) Nature of injury (Specify city or town, county and State) Manner of injury Nature of injury (Specify city or town, county and State)	IS. MAIDEN NAME	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date Date Date Date Manner of injury Nature of injury 19. UNDERTAKER (Address) 20. FILE CLASS Whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury 24. Was disease or injury In any wey related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury 24. Was disease or injury In any wey related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER (Address) (Signed) (Signed) My	O 16. BIRTHPLACE (city or town)	
(Address) 18. BURIAL, CREMATION, OR REMOVED Place Date Date Date Date Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury In any wey related to occupation of deceased? If so, specify (Signed) Manner of injury Nature of injury Nature of injury (Signed) Manner of injury Nature of injury Nature of injury (Signed) Manner of injury Nature of injury (Signed)	M	(Specify city or town, county and State)
Place Part Date July 18, 1902 Nature of injury 19. UNDERTAKER Mas tellessies flows 18 19 24. Was disease or injury In any wey related to occupation of deceased? It so, specify 20. FILE Seeles 28, 1932 B. Woolford Walter (Signed) Delles Bulls My		Specify whether injury occurred in INDUSTRY, IN HOME, OF IN PUBLIC PLACE.
19. UNDERTAKER Mas tid Messein & Seria 24. Was disease or injury In any way related to occupation of deceased? Its o, specify 20. FILE Selection 28, 1932 B. Woolford Walter (Signed) & Celler Selection My		Manner of injury
(Address) 16 so, specify 20, FILE Della 28, 1932 B. Woolford Walter (Signed) 20 (Signed)	Place Date July J. 1902	Nature of injury
20. FILE Delle 28, 1932 B. Woolford Walter (Signed) Dallen Gills		24. Was disease or injury In any wey related to occupation of deceased?
20. FILED WALLE	(Address) Camallee Md	10000
	20, FILEB celes 28 , 1932 (8. Woolfoid Walter Registrar	(Signed) (Address) (Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BU 3EAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	82-0
County Wiconice	Registration Dist. No. 3 3 1
Village or City	ND. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. d
2. FULL NAME teadamus fonds	
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Cortie the word OR DIVORCED Cortie the word	
5a. If married, widowed, or divorced HUSBAND of Mary Souly Jones	22. A I HEREBY CERTIFY, That I attended deceased fro
(or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw h a alive on July 1932 death is sa
7. AGE Years Months Days If LESS tha	
-l. Los 7 7 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade protession or particular	were as follows:
8. Trade, protession, or particular kind of work dona, as SPINNER, Farmlaber	Charles 1
9. Industry or business in which	Muraly
work was dona, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc. 10. Date deceasad last worked at this occupation (month and year) Occupation (month and year)	2
12. BIRTHPLACE (city or town) Manufacture (State or country)	Dther Contributory Causes of importanca:
13. NAME LAND COMES	
E many	
4. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
de this	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AMELIA WAS CARREST PARTIES OF STREET	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Caldred My Date of why 2019	Nature of injury
19. UNDERTAKER MADE LA	24. Was disaase or injury In any way related to occupation of deceased?
20, FILED celes 19, 1932 P. Worlford Wal	(Signed) & aller Sills M.
Registrar	(Address) In season when the

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.

PHYSICIANS should state

stated EXACTLY.

MARGIN RESERVED FOR BINDING

WITH UNFADING INK-THIS

AGE should be

supplied.

WRITE PLAINLY, WITH mation should be carefully

CAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA-

A PERMANENT RECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II	
nuse of death and related causes ere as follows:	Date of onset
ear	1 week ago
	3 days ago
ory causes of importance:	1 year

BINDIN

FOR

MARGIN RESERVED

S. No. 1

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	I	A. Carlotte	Example II		
The principal cause of death and of importance were as follows:	cause of death and related causes Date of onset Were as follows: Date of onset of importance were as follows:			Date of onset	
Arteriosclerosis	422	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	-	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	G 11 1	July 5, 1927	Peritonitis	3 days ago	
/ dur	E				
Other contributory causes of impo			Other contributory causes of importance:		
Gallstones		May 1,1928	Gastroenteritis	1 year	

Gallstones

May 1,1933

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

see for for to under Joses 8/30/32 on anderorgation

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Ccusus and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the bisease causing Death, ployed, as At "chool or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. tired to yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupation: of persons cnwork. or 41 Home, and children, not gainfully emlaborer, Furm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter cupation is very important, so that the relative health (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many age. For many occupations a single word or term on tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation Precise statement of ocwithout more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"):

Nomenclature of the American Medical Association.) head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puenperal septicuemia." "Puenperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasınus," "Old Age," "Shock," "Dropey," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Example: Measles train-accident; Revolver wound of head-homicide; State cause for which surgical operation was under "Urgemia," "Weakness," etc., when a definite disease vulsions," "Debility" ("Congenital," "Senile," etc.) use of "Tumor" for malignant neoplasms); Measles; nages, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. Examples: taken. For violent deaths state means of injury (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; iccidental drowning; Struck by railway (merely (disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 B.

infor-

STATE OF MARTLAND	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	210-9		
County Hilomilo	Registration Dist, No.		
Village or City Near Edw Md.	11.1 2		
Village of City/ Caro Caro ///a.	Mard f death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrsmos			
2. FULL NAME Cliverd Mussics	ke,		
2 1 00			
f (a) Residence No.	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	21. DATE OF DEATH A		
OR DE OR CED Swrite the word)	July 1932		
Male Much Midowey	(Month) (Day) (Yaar)		
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from		
(or) WIFE of Frank	, 19, to, 19,		
6. DATE OF BIRTH (month, day, and year) Don't Know	I last saw h alive on, 19; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.36 P2-m.		
41 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
- Rade, profession, or particular	were as follows:		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Crushed abuilt automore		
9. Industry or business In which	assident Salistry Princes		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	assure Deval - molantedry -		
11. Total time (yeers)	dead when fund		
this occupation (month and spent in this occupation occupation	Inquist will be held on		
	Other Contributory Causes of importance: Tuy 712-1932		
12. BIRTHPLACE (city or town) Of Programme (State or country)			
# 13. NAME Vausha Levis			
E TO TAME			
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of		
(collectification)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Selle Museck	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? - accident. Date of Injury July 3, 1932		
(State or country)	Where did injury occur? Sulvilly - Princers Come Brad		
17. INFORMANT House H. Carry.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) James / Delevane	Public dioposey		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury street by automobile		
Place James Velenare July 6, 1932	Netura of Injury Character about		
10 HADESTAVES Holloway & G.	24. Wes disease or Injury In any way related to occupation of deceased?		
19. UNDERTAKER (Address) Salislas Marsland	If so, specify		
0.1. 5- 129 V. Mar and	(Signed) S.7/2 white Comment M.D.		
20. FILED MUY 1900 & ff Cay Mills	(Address) Destroy manyland		
the state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

CEDTICIOATE OF DEATH

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Atlack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF	DEATH
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08119

1. PLACE OF DEATH	(2)
County Wicamics	Registration Dist. No. 332
Village or City Parsansburg (77) #1	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stephen hylliam m	
(a) Residence: No. (Jassus Lung (Jh)) (Usuál place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	July 2nd 193 2
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of nancy the steth more	22. I HEREBY CERTIFY, That I attanded daceasad from
1 (3)	march , 1932, to July 2nd , 1932
6. DATE OF BIRTH (month day, and year) May 8, 1858	I last saw harm aliva on July 2nd 1932; daath is said
7. AGE Yaars Months Days If LESS than I day, Ghrs.	to have occurred on the data stated above, at 6.4.5.4.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Nyperlenoisa 1920
SAWYER, BOUNKEEPER, atc.	Wellers oschlerasis 7
SAW MILL, BANK, atc.	(Memis: 27,11.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. SINDUSTRY or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data decaased last worked at this occupation fronth and spant in this afl	Chronie neparatio duration, 2 years.
year) - July 19 2-9 occupation - Light-	Cro-f-67.
12. BIRTHPLACE (city or town). Puttsville	Other Contributory Causes of importance:
(State or country) marefand.	
13. NAME Slephen tom. morre.	
13. NAME Slephen Com. marre. 14. BIRTHPLACE (city or town) Catherille.	Name of operation Data of
(Stata or country) Waris and	What tast confirmed diagnosis? Chrucal Was there an aulopsy? hu
15. MAIDEN NAME Elizatetta Daris	23. If daath was dua to extarnal causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) Fillsville.	Accidant, suicida, or homicide? Data of injury19
(State or country) may flaint	Whara did injury occur?
17. INFORMANT Elsie Surfims	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 303 Aprilley St. Wilmington Wel	1
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Space MV Lam Date Pure 30 1932	Natura of injury
19. UNDERTAKER Hurrard Trells	24. Was disease or injury in any way ralated to occupation of deceased?
(Addrass) Pittoulle, maryland.	If so, specify
20. FILED Let 3 , 1932 Levany, of Fruit	(Signed) Leme M. D.
Registrar,	(Addrass) . A Lellaras.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	li	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		E limit	
Other contributory causes of importance:		Other contributory causes of importa	ance:
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

Village or City

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of onset

Was there an autopsy?__hw

Registration Dist. No.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nanhrilis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsot	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

BINDIN FOR RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased liad retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	tuses of impe	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
A GEORGE	100			
Other contributory causes of importance:	100 48	other contributory causes of importance:	MAL	
Gallstones	May 1,1923	Gastroenteritis	1 year	
ADDITIONAL SPACE F		ER STATEMENTS BY PHYSICIAN	•	

of OCCUPA.

certificate.

TION is very important. See instructions on back of

STATE OF MARYLAND-CERTIFICATE OF DEATH

86	654	6	17	
U	81	l	-	6)

1. PLACE OF DEATH		(131)	00100	
Countywicomico_				Registration Dist. No. 333
Village or CityShar	estown		ND.	St., Ward
g .		14/	death occurred in a horpital or institut	ion, give its NAME instead of street and number) foreign birth?
				ivivibili silitiri
2. FULL NAME 30Si (a) Residence: No.		rrbs	Ch Ward	
(a) Residence. No.	(Usual place of	f abode)	St.,Ward.	If nonresident give city or town and State
PERSONAL AND STA	TISTICAL PARTIC	CULARS	MEDICAL CE	ERTIFICATE OF DEATH
3. SEX A. COLOR OR RAI	Ottown, milita	(write the word)	21. DATE OF DEATH	(Morth) (Day) , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	Q 60 .			(130)
(or) WIFE of Lawre C. Phellips			1 12. 40	CERTIFY, That t attended deceased from
6. DATE OF BIRTH (month, day, end year)	Sent. 22.	1856	I last saw h way alive on	1937: death is said
7. AGE Years Mon		If LESS than	to have occurred on the date stated	400'
75 10	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	
2 Trade profession or postigular		Che vice	Valorelas Disens Date of onset	
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. Farmer		1, 720	plinites Interstitut	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and 11. 1932 spant in this year)				
12. BIRTHPLACE (city or town)			Dther Contributary Causes of impor	tance:
(State or country) Delawage				
13. NAME Melvin Ph	nillips			
13. NAME Melvin Ph			Name of operation	Date of
(State of country)	Delaware		What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME Elando	or Ann. Pwi.	lley	23. If death was due to external caus	ses (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?	Date of injury 19
-1 (State of country)	Delaware		Where did injury occur?	(Specify city or town, county and State)
17. INFORMANT Laura E. Phillips (Address) Sharptown; Md.		Specify whether injury occurred in	INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	7	70 70	Manner of injury	
Place Sharptown	Date JULY	16, 19 36	Nature of injury	
19. UNDERTAKER W. B. G. (Address)	ravenor & B	ro	24. Was disease or injury in any wa	y related to occupation of deceased?
20. FILED Jisly 15, 1932	Mary E.	w.	(Signed) (Address)	Takleyan (M. D.
+	-			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS BY	PHYSICI	AN
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V. S. No. 1

>	V. S. No. 1	M	MARGIN RESERVED FOR BINDING	RESE	RVE	DI	OR	BIND	ING Y	
Z	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO	WITH	UNFADIA	IC IN	KT-Y	(IS)	SAF	ERMA	NENT	RECO
	mation should be carefully supplied. AGE should be stated EXACTLY. PH	efully su	pplied.	GE sh	plnoi	be s	tated	EXA	CTLY	. PH
Ŋ	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	in plain	terms, so	that it	may	be p	roperl	y class	ified.	Exact
-	TION is very important. See instructions on back of certificate.	nt. See	instruction	no suc	back	of ce	rtifica	te.		

STATE C	- MARTEAND	-CERTIFICATE OF DEATH	8124
County / Licenn		Registration Dist. No.	33.3
Village or City Double	any my	NoSt.,Steach occurred in a horpital or institution, give its NAME instead of street at	War
Length of rasidence in city or town whera d		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME DLOYDE	18 Dunie	Le.	
(a) Residence: No.		St.,Ward.	
	(Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
male Pohilo	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 2 (Yeer)
HUSBAND of (or) WHE of	o Personella	22. I HEREBY CERTIFY, That I attend	7772
DATE OF BIRTH (month day and man)	1 16-1864	I last sew heare alive on 19	ريم. 19 مريم ما طومال
AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 9.0 m	; daath is sa
68 4	26 - 1 day,hrs. ormin.		Date of onse
8 Trada, profassion, or particular kind of work done, as SPINNET SAWYER, BOOKKEEPER, etc.	ind R.R. Cordust	I Angina Pectous	Willen
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPIN LED SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date dacaased last worked et this occupation (month end year)	11. Total time (years) spant in this occupation		
BIRTHPLACE (city or town)		Other Contributory Causes of Importanca:	
(State or country)	fand,		
14. BIRTHPLACE (city or town)	Turrell	1. The state of th	
14. BIRTHPLACE (city or town)(Stata or country)	yland	Nama of operation Date of	
15. MAIDEN NAME	non	What test confirmed diagnosis? Was there a 23. If death was due to external ceusas (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town)		Accident, suicida, or homicide?	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 7. INFORMAN (Address)	Lymel	Where did injury occur?	State) PLACE.
BURIAL, CREMATION OR REMOVAL Services	Date Geolog - 1 H, 1982	Menner of injury	
), UNDERTAKER NEW STANK (Address)	2007	Natura of injury	20
a. FILED July 11, 1932 &	- May Junes Registras.	(Signed) Au A Man	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal eause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V.			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
			3372

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

13



FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 08125
1. PLACE OF DEATH	3)
County // Conco	Registration Dist. No.336
Village or City Olman Dy	No. St Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Shibe my Juice	in
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SBK 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev) (Yeer)
5e. If married, widowed, or diverced HUSBAND of (OI) WITE OF James & Quicin Ated	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Oct 1-1863	lest sew here alive on July 291 1932 death is said
7. AGE Yeers Months Deys If LESS then I dey,hrs.	to heve occurred on the dete steted above, at 7.3 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or perticuler	were as follows:
kind of work done, as SPINNER. At House	/// Macordilio
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9/Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked at 11. Totel time (yeers)	1,10
11. Totel time (yeers) this occupetion (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Wandand	(More rate 1: 1:1)
13. NAME Ceckard Bosti	Mesohulis
13. NAME Celland Booking 14. BIRTHPLACE (city or town) Kolland	Neme of operation Dete of
(State of country)	Whet test confirmed diegnosis? Was there an eu'opsy
15. MAIDEN NAME Jane Simone	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or copynly)	Accident, sulcide, or homicide?
17. INFORMANT MASS OF MANY DEVIS	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place and London Leur Date July 31, 1932	Manner of injury
May 9 1907	Neture of injury
19. UNDERTAKER 1. D. MACHETY Y	24. Was disease or Injury In any way releted to occupation of deceased?
20. FILED fully 97,92 W Dunn Registrar.	(Signed) H. G. Selates M. D. (Address Delinar Del
Acgulian	(noures)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
3		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Allack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(170)
County / Legoure 60	Registration Dist. No. 331
Village or City AtEbrow	NoSt., Ward
Length of residence in city/or town where death occurred / 2 yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Loseph A. Ru	sall
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWID, OR HUNGED (write the ward)	21. DATE OF DEATH (white 22 1932 (Month) (Day) (Year)
5e. If married, widowed of divorced HUSBAND of (or) WIFE of STELLIE RUSSELL-	22. JEHEREBY CERTIFY. That I attended decored from
6. DATE OF BIRTH (month, day, and yeer) Sept 4 1854	I last saw h we alive on hele 284 19 32; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 154 m.
77 10 18 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	my orace ite
kind of work done, as SPINNER, farmer SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (dought and the second in this countries) Speak in this countries of countries	attles acleury
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation count and the year) 11. Total time (yeers) spant in this occupation year) 11. Total time (yeers) spant in this occupation 11. Total time (yeers)	₹
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or county)	acting on visit
13. NAME 13. NAME 14. BIRTHPLACE (city or town) M.J.	
4 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME SOUTH CWS 115. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
16the Punelle	(Specify city or town, county and State)
17. INFORMANT A TENTE OF THE STATE OF THE ST	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of Injury
Place Laterior Date July 24 1932	Nature of injury
19. UNDERTAKER IT DE FRANCISCO LA CADRESSO REALISTANCE.	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED July LY, 19 3 7 Ma & W Wallager Registrar.	(Signed) William Burnel M.D. (Address) 2 Lebrow M.D.
If many blanks are and all according	N.O. I. C. D.I.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURSAL Y			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Hilomiles	Registration Dist. No.
Village or City Salishy Mayland	No. Frant, # 315 St. 13 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Be I Pariti	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Slorge & Kinus	
(a) Residence: No. 3 5 To Cust. Salusty 9 (Usual place of abode)	19.St., /3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Whit- OR MINGREED (write the ford)	July 23 ,193 Z
5a. If married, widowed, or divorced HUSBAND of C	(Month) (Day) (Year)
(or) WIFE of Many L. Smith	22. I HEREBY CERTIFY, That Lattended deceased from
1 ann 9 1814	, 19 , to , 19 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
7. AGE Years Months Days If LESS than	I last saw h death is said to have occurred on the date stated above, at 11. P. m.
Las than last last last last last last last last	to have occurred on the date stated above, at
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Went Kilalating 7
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	Hum
- 1 Spent in this	
year) occupation	Other Confibutory Causes of importance:
12. BIRTHPLACE (city or town) Walleting (Md.	A A Add T
(Stata or country)	
13. NAME Severy 14. Smith	Muss tour
14. BIRTHPLACE (city or town) Mauriland	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
H / /	23. If death was due to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town). (State or country)	Accident, suicida, or homicide? Data of injury, 19
marion Id Parist	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 2/2 Washington At Ashington	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place shad Prus lemonta July 23, 18,32	Nature of injury
19 UNDERTAKER Holloway & Co.	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Salistery maryland	If so, specify
20 FILED July 25:36. D. May humes	(Signed)M_O
Registrar.	(Address) Muly My
If more blanks are needed, address State Revistrar	2411 N. Charlet Street Baltimore Requesting T) C No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BURFAU V.S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

V. S. No. 1

BINDIN

FOR

MARGIN RESERVED

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4	Example I		Example II	
The principal cause of importance were	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 6 1332	1915	Attack of epilepsital	1 week ago
Chronic interstitial nep		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago
			11/6	
Other contributory c	auses of importance:		Other ontributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be

FOR BINDING

MARGIN RESERVED

V. S. No. 1

Z

1. PLACE OF, DEATH		
County Micanica		Registration Dist. No. 332
Village or City near Delman	150	Ala.
Village of ord. Fleen. Journal of	(1)	MoSt., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurred	yrsmos	sds. How long in U.S. If of foraign birth?yrsmos
2. FULL NAME	- Smit	h
(a) Residence: No.		St., Ward.
(Usual place		If nonresident give city or town and State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH
5a. If marriad, widowad, or divorcad		(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased fr
1		, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year)	1982	I last saw h; death is s
7. AGE Years Months Days	If LESS than	to have occurred on the data stated abova, atm.
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of Importance were as follows:
8. Trade, profession, or particular		Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		VIII VIII
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date dacaasad last workad at this occupation (month and		
work was done, as SILK MILL, SAW MILL, BANK, atc.		
1 - 1 cms occupation (month and	time (yaars) antin this	0
year) oc	cupation	Othar Contributary Causes of importance:
12. BIRTHPLACE (city or town)		
(Stata or country)	1	
13. NAME Daniel & Dr	uth	
13. NAME ONCE SYSTEM 14. BIRTHPLACE (city or town)		Nama of operation Date of
(State of country)	101	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME NUMBER 15. BIRTHPLACE (city or town)	our	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)		Accident, suicida, or homicida? Date of Injury, 19
S (State or country)	nd	Whare did injury occur?
17. INFORMANT August In Sm. (Address)	ich	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL (Sylia Land	n LSP D 2	Mannar of Injury
Place Oarhous Com Date the	1 2 , 1932	Natura of injury
M & home	1	
19. UNDERTAKER (Address)	/	24. Was disease or injury in any way related to occupation of daceased?
1 (= 22 7 7 FT N		(Signad) IT 6 deletes M
20. FILED July 2, 1932 Wel Dur	nol	
76 man black	Registrar.	(Ardrass)

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: LCELIE Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage ALIC Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastrocnteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

See instructions on back of certificate.

TION is very important.

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

E P. CO. 4	100	113
081	- 1	11.7
10.00	67	1

1. PLACE OF DEATH	115
County Wicomico	istration Dist. No. 33
Village or City_Mardela_Springs No.	
(If death occurred in a hospital or institution, give Length of residence in city or town where death occurred 20 yrs	St.,Ward its NAME instead of street and number) birth?rsds.
2. FULL NAME James H. Solloway	
(Usual place of abode) If no	onresident give city or town and State
	ICATE OF DEATH
3. SEX 4. COLOR OR RACE Male 4. COLOR OR RACE OR DIVORCED (winc the word) Marking the word) Marking the word) (Month)	uly 15 1932 , 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Lizzie Solloway 22. I HEREBY CEF	RTIFY, Thet I ettended deceased from
William Fizzia Solitoway	_, to
	; death is said
7. AGE Yeers Months Deys If LESS than to have occurred on the date stated above, a	
I day,hrs. The PRINCIPAL CAUSE OF DEATH and rel	
9 Trade profession or particular	Runalius!
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lodustry or business in which work was done, as SILK MILL, Farmer SAW MILL, BANK, etc. Lo Date deceased last worked at this occuration (many land) and the companion (many land) and the companion (many land).	
Under the deceased last worked at this occupation (month and spant in this occupation compation the deceased last worked at the deceased last worked at spant in this spant in this occupation the deceased last worked at spant in this spant i	
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	
13. NAME William Solloway	
14. BIRTHPLACE (city or town) Neme of operation.	Date of
15. MAIDEN NAME Sarah Lloyd 23. If death was due to external causes (VIOL	Wes there en autopsy?
16. BIRTHPLACE (city or town) Accident, suicide, or homicide?	LENGE) fill in also the following:
17. INFORMANT Lizzie Solloway Specify whether injury occurred in INDUSTI	ify city or town, county and State) RY, in HOME, or in PUBLIC PLACE.
(Address) Mardela Springs Md. 18. BURIAL, CREMATION, OR REMOVAL	
Place Ma wd a la Data Trailer T7 127	
W D Cravanor 1 Dro	
19. UNOERTAKER 24. Was disease or Injury in any wey related (Address) Sharptown, Md. If so, specify	to occupation of deceased?
20. FILED (Signed) (Signed) Williams (Address)	un Emuch M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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10.—The month and year the deceased last worked at the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronie interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

Merry Additional space for further statements by Physician levie for
part five Jacus. Il an called after death. after
Manifering too, and from waters obtained from family
gave listry of cerebral almoutings.

N. B.

STATE	OF	MARYLAND-CERTIFICAT	E OF	DEATH	0813.

1. PLACE OF DEATH	(4C)
County Vicomico	Registration Dist. No. 221
Village or City Idebron	No. St., Ward
A If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred J. yrs,	ds. How long In U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Legge L. Level	leg.
(a) Residence: No. Idelizar	Ost., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	July 2 2 193 2
Sa. If married, widowed, or divorced	. (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Con Here Devilley	July 10 4, 1934, 10 July 21 , 1932
6. DATE OF BIRTH (month, day, and year)	I last saw h. et alive on July him 19.3 Edeath is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
75 7 18 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	were as rollows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Carcinsua of Rection
kind of work done, as SPINNER, SAWYER, BDDKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 110. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importance:
12. BERTHPLACE (city or town) Rear Hebron;	Under Conditional Control of Cont
(State or country)	ON MITTER
13. NAME John Howard 14. BIRTHPLACE (city or town) Hear Mardella Spring	- Copyon Lang v
14. BIRTHPLACE (city or town) Thear Mardella Spring	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emma Flaylor 16. BIRTHPLACE (city or town) Mardella Springs	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
(State or country) Md,	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Clara Bailey (Address) Doelra maley	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 4:00 P	Manner of injury
Place Howard Cem. Date July 24, 19 32	
The Uill a Johnson do.	24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
0.1.20 - 21 2011 2011000	(Signed) Welliam Grucek M. D.
20. FILED JULY 14., 19.3. Programme Registrar.	4 (Address) 1 Lebrow Md

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Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

FOR

RESERVED

MARGIN

V. S. No.

Data of onset

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Example I			Example II		
The principal cause of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago	
Other contributory ea	nuses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08133
1. PLACE OF DEATH	
county Wie willo.	Registration Dist. No. 333
Village or City 3 alin herry US	sown H. Buel us 1 Sund House
()) (16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	
2. FULL NAME Jude tt. U	alla-
(a) Residence: Np. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Wale While OR DIVORCED (write the word)	193
5a, If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cory WIFE of Zeeman Unless Helt	22. I HEREBY CERTIFY, That I altended deceesed from
A. C.	107-6- 1035 10 7-8- 1035
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, at
	wero as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPPER, etc.	Heursy (1)
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at 11. Total time (years)	
9. Industry or business in which work was dono, as SILK MILL, fundamental SAW MILL, BANK, etc.	
O this occupation (month and spant In this	
year) occupation	Dther Contributory Causes of importance
12. BIRTHPLACE (city or town)	Themburis femmal ailing
(State or country)	
13. NAME 14. BIRTHPLACE (city or town)	
14, BIRTHPLACE (city or town)	Name of operation. Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:
[State or country]	Accident, suicide, or homicide?
Day 1 1 That I I A	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFDRMANT CLL CALL CALL CALL CALL CALL CALL CALL	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL (8. Co.)	Menner of injury
Process of Commonte July 10, 1932	Nature of injury
Mill. 8 horando	24. Wes disease or injury in any wey related to occupation of deceesed?
19. UNDERTAKEN DEMON DE	If so, specify
10 22 Vr man 1	(Signed) M. D.
20. FILED Registrar.	(Address) Saley, Zuch
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Ex	ample I		Example II	
The principal cause of dead of importance were as follo	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 27 1890	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MOVE SOME	1921	Run over by street car	1 week ago
Cerebral hemorrhage	*Urant. Y	July 5,1927	Peritonitis	3 days ago
	-			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B.

plnods	of OCC	
HYSICIANS	statement	
Y. Pl	Exact	
XACTL	classified.	
stated E	properly	certificate.
be	pe	Jo
pluods	t may	1 back
AGE :	that i	ions or
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	lain terms, so	TION is very important. See instructions on back of certificate.
e careful	ATH in p	nportant.
q plnoys	E OF DE	is very in
mation	CAUSE	TION

	STATE (OF MAR	YLAND-	CERTIFICATE OF D	DEATH ()	8134
1. PLACE OF DE	HTA			(82·a)		
County luce	omit	-		Regist	tration Dist. No. 33	
Village or City	Zettrui	ele		No	St.,	Ward
Length of residence i	n city or town where	death occurred 3		f death occurred in a horpital or institution, give its s		
2. FULL NAME	2	2 8 /44	-			
	124	The co	1-1	St., Ward.		
(a) Residence: No	yuuns	(Usual place	of abode)		resident give city or town an	d State
PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFIC	CATE OF DEATH	
male (L · Q ·		RIED, WIDOWED, D (rwrite the word)	21. DATE OF DEATH (Month)	7 90 (Oey)	, 193 2 (Year)
HUSBAND of	ia lue	st		1 HEREBY CER	T FY. Thet I attended	d deceased from 30, 19.3.
6. DATE OF BIRTH (month,	dey, end year)			I lest saw her plive on	ey30 1/3	2 : deeth is seld
7. AGE Years	Months	Days	If LESS then 1 dey,hrs. ormin.	to beva occurred on tha dete steed abova, at the PRINCIPAL CAUSE OF DEATH and relativers as follows:	ten causes of Importanca	
8. Trade, profession, o	r perticular	ł	i or min-	wera as ronows:		Date of onset
SAWYER, BOOK				Canalas		7/20/3
kind of work do SAWYER, BOOK 9 Industry or businas work was done, SAW MILL, BAN 10. Date decessed last this occupation of the social state of the	as SILK MILL,	arme	2	apape	7	
10. Date deceesed last this occupetion yeer) 19.3.1	month end	Spe Spe	time (years) how nt in this of upation year	•		
12. BIRTHPLACE (city or to	WO Tile	11880		Other Contributory Causes of importence:		
(Stata or country)		20	nd	Pelen Sela	usus	1928
13. NAME Teles	West					
13. NAME LEV	or town) A. Its	sull	e	Neme of operation	Date of.	
(Stete or countr	y) (and	2	Whet test confirmed diegnosis?	Wes there en	eutopsy?
15. MAIDEN NAME	my	llest		23. If death was due to externel ceuses (ViOLE	NCE) fill in elso the following	ng:
15. MAIDEN NAME 16. BIRTHPLACE (city of the complete of the c		reelle	-4	Accident, suicide, or homicide?	Oate of Injury	, 19
17. INFORMANT - (Address)	dria 1	West	2	Where did injury occur?	y city or town, county and St Y, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, O	R REMOVAL G	entate au	9 2 1932	Manner of injury		
19. UNDERTAKER (Address)	nesti	Slewas	La	24. Was diseese or injury in eny way releted t	to occupetion of deceased?	Zes
20. FILED aug 2	,1932 Lel	white I.	Le cett Registrar.	(Signed) (Address)	maling 2	M. O.
	If mor	e blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V.	. S. No. 1.	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonilis	3 days ago
All S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(110-m)
County Mucanico	Registration Dist. No. 333
Village or City Dalisleng (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in V.S. if of foreign birth?yrsmos,ds.
2. FULL NAME DEVISE Trans	In 10hits
(a) Residence: No. Allunt Hell (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (with the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Jan Je	, 19, to, 19
6. DATE OF BIRTH (month, day, and year ful - 4 - 79/8	I last saw h alive on, 19, death is said
7. AGE Years Months Q Oays 23 If LESS than	to have occurred on the date stated above, atm.
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and this progration (months and this progration).	mutar relicite accordint - Date of one of
9. Industry or business in which	dung there - no
work was done, as SILK MILL, SAW MILL, BANK, etc.	and the took all the
10. Date deceased last worked at this occupation (month and year)	
VV-Aparonia-	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E	
14. BIRTHPLACE (city of town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?Pub
15. MAIOEN NAME Law Ing gie Elwill 16. BIRTHPLACE (city or town)	33. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Que Of Date of injury 19-8-2
1 State of Country)	Where did injury occur? Salvalicay - mandell State
17. INFORMANT CONTINUES AND CONTINUES (Andress)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL EREMATION, OR REMOVAL	Manner of injury Hart for Curtismallist acciden
Place 11 - 01 Oate 14/198	Nature of injury Lung himsetine of cety, million
19. UNOERTAKER DE Mary (Address) Manager (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jacky 2919 32. Je Whay humes	(Signed) Soly World, Comments Mrs.
Registrar.	(Address) Suliny maylend
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVI AND

V. S. No.

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Evample II

Example 1	Įį.	cample 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

3

20-0 XXX

4 4 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08136
infor- state UPA.	1. PLACE OF DEATH .	28
F 1	County Niconico	Registration Dist. No. 333
item of should of OCC	Village or City Salutury	No. 129 Elm St., 5 Ward
	(If Length of residence In city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
RD. Every YSICIANS statement	ATT e ho	us. How long in 0.5.11 of foreign birth?yrsmos os.
. = +3	2. FULL NAME / Calhan D. Hugh	
RD YS.	(a) Residence: No. 129. Elm. st. Jalisty M. (Usual place of abode)	A.St., 3 Ward. If nonresident give city or town and State
RECORD. PHYSI Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED Corrie to word)	21. DATE OF DEATH
TN I	Male White Married words	(Month) (Day) (Year)
RMANEN X A C T L classified.	5a, If marriad, widowad, or divorced HUSBAND of	22. 1. HEREBY CERTIFY. That I attended deceased from
M(A) A ((or) WIFE of Causey White	Tilly 3 192 to July 3 193
	6. DATE OF BIRTH (month, day, and year)	I last saw h is alive on Oren 3 1932 death is said
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6. P. m.
S A S A sate	#4 () 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
_ 70	9 Trade profession or particular	Date of onset
HIS be be be	SAWYER, BOOKKEEPER, etc.	for property of the second
KV ould may back	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceasad last worked at this occupation (month and	January Herosco
it sh N	D. Date daceasad last worked at 11. Total tima (years)	Pedming
	this occupation (month and spent in this occupation	Jem on his gl
NFADING NFADING plied. AGI rms, so tha	12. BIRTHPLACE (city or town) Inow Italy	Other Coutributory Causes of Importanca:
AD AD ed.	(State or country) Maryland	Belining Jubereulisch
NFA NFA oplied erms, instru	13. NAME astry of hite	
MAK H UN suppl in terr See in	4 14. BIRTHPLACE (city or town)	Name of operation Date of
L A	(State in County)	What test confirmed diagnosis? Was there an aulopsy?
W W in in ant	15. MAIDEN NAME Mary Carly,	23. If death was dua to extarnal causes (VtOLENCE) fill in also tha following: ()
car CH Ort	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
PLAINLY, ould be car of DEATH sery import	Sur O a Will-	Where did injury occur? (Specify city or town, county and State)
PLA nould DF DI	17. INFORMANT A CAMP St. Salustury Ind.	Specify whether injury occurred in INDÚSTRY, in HDME, or in PUBLIC PLACE.
40	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
7-7	Placa Karsons (eng. Date Wy 10 , 1932	Natura of injury
-WRITE mation sl CAUSE TION is	19. UNDERTAKER Holloway + Col	24. Was disease or injury In any way related to occupation of deceased?
LEOF	(Addrass) Saluting maryland	If so, specify
a m	20 FILED Lily 1019 (B2. J. May June	(Signed) M.D.
> Z	Registrar.	(Address) felialing hy
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Chronic interstitial nephritis AIC 6 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

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V. S. No. 1

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	May 1,1923			

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Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributes					
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

UNFADING INK-THIS IS A PERMANENT RECORD, Every item of inforupplied. AGE should be stated EXACTLY. PHYSICIANS should state ARGIN RESERVED FOR BINDING

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M	WITH	mation should be carefully su
	ILY,	e car
	AIN	d b
	PL	houl
	TE	n sh
V. S. No. 1	N. B.—WRITE PLAINLY, WITH	matio
Α. Β	z	

	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Micognico Collecty	Registration Dist. No.
Village or City Allesbury, The	No. Illustification, give its NAME instead of street and pyriber)
	ds. How long in U. S. If of foreign birth? yrs
2. FULL NAME / Sales Why ale	f (Still bom)
(a) Residence: No. Pocomos als Mid.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yes
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. Thet I attended deceasor
C DATE OF PIRTY (2004) 7/2 - 32	1 last saw h 7/27 193 2 death
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys II LESS than	to have occurred on the date stated above, atm
Hew Boxes 0 I day, hrs.	were se fellows:
8 Trade profession or particular	Date of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Colombia de la constante de la
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Stell-bom refact
this occupation (month and spant in this year)	4
12. BIRTHPLACE (city or town) Decleaberer Vica	Other Cantributery Causes of Importance:
(State or country)	
13. NAME Co simelt lelson	
14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis?
15. MAIDEN NAME Clarities Whight	23. II death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town) — Housela	Accident, suicide, or homicide?
Pl. Alast X-1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT of 1 Soliton Me	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Buffer Field Oate gray 30, 1932	Nature of Injury
19. UNDERTAKER DISCLOSURY FLO	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salvilling Stay	If so, specify
20, FILED July 30, 1932. Jo May Junes	(Signed) Tolors 4. Freder
Registrar.	(Address) Deliabeing Hill

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e.g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1.		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUILDIA				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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